

10719450

## Deposit Account Maintenance

Deposit Account Window Help



## Deposit Account

Number: 500311

Balance Amount: 4.42

## Holder

Name: MINTZ LEVIN COHN FERRIS GLOVSKY &amp; POPEO PC



## Address

Attention: SUSANNE GALLAGHER

Street: ONE FINANCIAL CENTER

Province:

City: BOSTON

State: MA

Postal Code: 02111

Country: US

Telephone: 617-542-6000

Fax: 617-542-2241

## Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt: 0.00

Status

Access Code: 0999

☒ Active☐ Closed

BHABTEW 08/13/2004



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## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 107/9450

### Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm. <u>Lg.</u>				Sm. Entity	Lg. Entity		
Basic Filing Fee	<u>201/101</u>						=	<u>770</u>
Total Claims >20	<u>203/103</u>	<u>82</u>	-20 =	<u>62</u>	X	<u>18</u>	=	<u>1116</u>
Independent Claims >3	<u>202/102</u>	<u>5</u>	-3 =	<u>2</u>	X	<u>86</u>	=	<u>172</u>
Mult. Dep Claim Present	<u>204/104</u>					<u>290</u>	=	<u>290</u>
Surcharge	<u>205/105</u>					<u>130</u>	=	<u>130</u>
English Translation	<u>139</u>							

### TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 2478

Less Filing Fees Submitted - \$ 2008

BALANCE DUE = \$ (470)

Office of Initial Patent Examination